

***Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT***

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- ❖ Recognize the *diversity* of State approaches to SCHIP and allow States *flexibility* to highlight key accomplishments and progress of their SCHIP programs, **AND**
- ❖ Provide *consistency* across States in the structure, content, and format of the report, **AND**
- ❖ Build on data *already collected* by CMS quarterly enrollment and expenditure reports, **AND**
- ❖ Enhance *accessibility* of information to stakeholders on the achievements under Title XXI.

***Federal Fiscal Year 2001
FRAMEWORK FOR ANNUAL REPORT
OF STATE CHILDREN'S HEALTH INSURANCE PLANS
UNDER TITLE XXI OF THE SOCIAL SECURITY ACT***

State/Territory: Hawaii

(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

(Signature of Agency Head)

SCHIP Program Name(s): Hawaii QUEST (QUEST) or Medicaid Fee-For-Service

SCHIP Program Type: _____
☒ Medicaid SCHIP Expansion Only
☐ Separate SCHIP Program Only
☐ Combination of the above

Reporting Period: Federal Fiscal Year 2001 (10/1/2000-9/30/2001)

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Submission Date: January 31, 2002

*(Due to your CMS Regional Contact and Central Office Project Officer by January 1, 2002)
Please cc Cynthia Pernice at NASHP (cpernice@nashp.org)*

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP program changes and progress during Federal fiscal year 2001 (September 30, 2000 to October 1, 2001).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 2000 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 2000, please enter "NC" for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

- A. Program eligibility N/C
- B. Enrollment process N/C
- C. Presumptive eligibility N/C
- D. Continuous eligibility N/C
- E. Outreach/marketing campaigns N/C
- F. Eligibility determination process N/C
- G. Eligibility redetermination process N/C
- H. Benefit structure N/C
- I. Cost-sharing policies N/C
- J. Crowd-out policies N/C
- K. Delivery system N/C
- L. Coordination with other programs (especially private insurance and Medicaid) N/C
- M. Screen and enroll process N/C
- N. Application N/C
- O. Other N/C

1.2 Please report how much progress has been made during FFY 2001 in reducing the number of uncovered low-income children.

- A. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2001. Describe the data source and method used to derive this information.

AGE	INCOME					TOTAL
	0 – 100%	101 - 133%	134 - 185%	186 - 200%	201 - 300%	
0	41	0	172	0	0	213
1 – 5	447	438	497	0	1,262	2,644
6 – 18	3,817	1,600	1,967	133	1,908	9,425
TOTAL	4,305	2,038	2,636	133	3,170	12,282

Source: State Department of Health's 2000 Hawaii Health Survey

According to the State Department of Health's 2000 Hawaii Health Survey data:

- Approximately 12,282 children with family incomes up to 300% FPL were uninsured; and
- 9,112 or 74.19% of these uninsured children had family incomes up to 200% FPL. The 2000 data also indicates that approximately 4,915 children or (40.02% of 12,282) may have met Medicaid's 2000 income eligibility criteria but had not been enrolled in the Medicaid program and 4,197 children (34.17% of 12,282) were projected to be eligible for the Title XXI Medicaid expansion.

- B. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information.

Data on the number of children who were enrolled in Medicaid as a result of S-CHIP outreach activities and enrollment simplification is not available.

- C. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State.
- D. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation?

____ No, skip to 1.3

 X Yes, what is the new baseline?

The estimated baseline number of uncovered low-income children is 4,197. The estimated baseline number submitted to HCFA in the 1999 annual report was 3,901.

What are the data source(s) and methodology used to make this estimate?

The data source is the State Department of Health's Hawaii Health Survey, which is conducted annually. Individuals are surveyed statewide and thus, variations in the characteristics of respondents may cause fluctuations in the survey estimates from year to year.

What was the justification for adopting a different methodology?

The State did not adopt a different methodology.

What is the State's assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

The reliability of the baseline estimate is low as it will vary from year to year. The measure, however, is accurate for any given year.

Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

As stated above, the estimated baseline number submitted to CMS in the 2000 annual report was 3,901.

As of September 30, 2001 there were 6,449 children receiving coverage under Title XXI Medicaid expansion.

1.3 Complete Table 1.3 to show what progress has been made during FFY 2001 toward achieving your State's strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your State's strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

- Column 1: List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
- Column 2: List the performance goals for each strategic objective.
- Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources,

methodology, and specific measurement approaches (e.g., numerator and denominator). Please attach additional narrative if necessary.

Note: If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter “NC” (for no change) in column 3.

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
Objectives related to Reducing the Number of Uninsured Children		
<p>1. Improve and expand outreach strategies to families of children likely to be eligible for assistance, to inform them of the availability of and assist them with enrolling their children in the appropriate Medicaid program.</p> <p>2. Reduce the number and proportion of low-income children who are uninsured.</p>	<p>1.1. Increase informational and outreach activities about Medicaid programs, including Title XXI Medicaid expansion.</p> <p>2.1. Low-income children will be enrolled into the appropriate Medicaid program (QUEST or Medicaid fee-for-service or Title XXI Medicaid expansion).</p>	<p>Data Sources: Public Information Officer Report</p> <p>Methodology:</p> <p>Progress Summary:</p> <p>July 2001: 200,000 households with children in public schools received information in the Free and Reduced Price Lunch Application</p> <p>September 2001: Revised, printed, and distributed our “Is your child covered?” posters</p> <p>Data Sources:</p> <p>Methodology:</p> <p>Progress Summary: N/C</p>
Objectives Related to SCHIP Enrollment		

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
		Data Sources: Methodology: Progress Summary:
Objectives Related to Increasing Medicaid Enrollment		
		Data Sources: Methodology: Progress Summary:
Objectives Related to Increasing Access to Care (Usual Source of Care, Unmet Need)		
3. Improve Access to Health Care for Targeted Low-Income Children.	3.1. Families of targeted low-income children will express satisfaction with accessibility to health care services.	Data Sources: Methodology: Progress Summary: N/C
	3.2. Targeted low-income children will have an accessible medical home health care services.	Data Sources: Methodology: Progress Summary: N/C
Objectives Related to Use of Preventative Care (Immunizations, Well Child Care)		
4. Improve continuity and quality of care for targeted low-income children.	4.1. Children in the targeted low-income group will receive all recommended immunizations by age 2 and age 5.	Data Sources: Methodology: Progress Summary: N/C
	4.2. Children in the targeted low-income group will receive the expected number of screening services based on the	Data Sources: Methodology: Progress Summary: N/C

Table 1.3 (1) Strategic Objectives (as specified in Title XXI State Plan and listed in Your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify Data Sources, methodology, time period, etc.)
	<p>EPSDT periodicity screening guidelines.</p> <p>4.3. Children in the targeted low-income group will be provided the recommended number of well-child visits.</p> <p>4.4. Children in the targeted low-income group will have, at a minimum, annual dental visits.</p>	<p>Data Sources:</p> <p>Methodology:</p> <p>Progress Summary: N/C</p> <p>Data Sources:</p> <p>Methodology:</p> <p>Progress Summary: N/C</p>
Other Objectives		
		<p>Data Sources:</p> <p>Methodology:</p> <p>Progress Summary:</p>

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.

1.5 Discuss your State's progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives.

In the State's July 31, 2000 letter to CMS, we stated that Hawaii implemented S-CHIP without a waiting period for children whose families drop private coverage. We, therefore, have been in conformance with CMS's policy on waiting periods in Medicaid expansion programs. We also stated that we would attempt to monitor comments from the private health insurance industry and from others in the community, if any, to determine whether substitution of private coverage is occurring.

We have not received comments from the private health insurance industry or others in

the community regarding whether substitution of private coverage is occurring.

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

As stated in the 1999 S-CHIP Annual Report, Hawaii's S-CHIP was implemented on July 1, 2000 its effect on decreasing the percentage of uninsured low-income children and potential Medicaid eligible children cannot be measured until 2002. We also do not have separate data (HEDIS and Customer Satisfaction Survey) for the S-CHIP population. We expect to report the performance measures in the 2002 or 2003 annual report.

1.7 Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP program's performance. Please list attachments here.

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage:

- A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out.

[Hawaii does not offer family coverage.](#)

- B. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2001 (10/1/00 - 9/30/01)?

_____ Number of adults _____

_____ Number of children _____

- C. How do you monitor cost-effectiveness of family coverage?

2.2 Employer-sponsored insurance buy-in:

- A. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s).

[Hawaii does not have a employer-sponsored insurance buy-in program.](#)

- B. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2001?

_____ Number of adults _____

_____ Number of children _____

2.3 Crowd-out:

- A. How do you define crowd-out in your SCHIP program?

[Refer to response to question 1.5.](#)

- B. How do you monitor and measure whether crowd-out is occurring?

- C. What have been the results of your analyses? Please summarize and attach any available reports or other documentation.

- D. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

2.4 Outreach:

- A. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness?

- The State Department of Human Services (DHS) is the Medicaid (S-CHIP) agency. We partnered with the State Department of Education to include an advertisement in their Free and Reduced Price Lunch Application.
- The DHS has partnered with several other State and community agencies to educate their staff on S-CHIP requirements.

Effectiveness was measured through the State's hotline service. All print and media materials referred callers to the hotline, where hotline staff ask the caller how they heard about the program.

- B. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?
- C. Which methods best reached which populations? How have you measured effectiveness?

Data is not available as we do not ask about the caller's family's income and ethnicity information.

2.5 Retention:

- A. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?

Recently, we were made aware that some recipients are confused when they receive our eligibility redetermination form because the same form that is used to apply for medical assistance is also used as an eligibility redetermination form. As a result, a Renewal Workgroup was formed to address this issue. The group created, and is very close to finalizing, a new "Medical Assistance Renewal" form. Once finalized the form will be pilot tested.

B. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

- ☐ Follow-up by caseworkers/outreach workers
- ☐ Renewal reminder notices to all families
- ☐ Targeted mailing to selected populations, specify population _____
- ☐ Information campaigns
- ☐ Simplification of re-enrollment process, please describe _____
- ☐ Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe _____
- ☐ Other, please explain _____

C. Are the same measures being used in Medicaid as well? If not, please describe the differences.

D. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?

E. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information.

Hawaii has a mandatory health insurance program, whereby employers are required to make available a set of pre-approved health benefits to employees who work 20 or more hours per week; often, the option of a family plan is made available. Generally, children who are disenrolled from S-CHIP due to excess income (200% FPL) are enrolled in QUEST-Net, a Medicaid safety net program, QUEST-Net's income limit is 300% FPL. When disenrollment from S-CHIP or Medicaid occurs the parent usually opts for the family plan through his/her employer.

Data is not available.

2.6 Coordination between SCHIP and Medicaid:

- A. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain.

Yes, Hawaii uses the same application and redetermination procedures for Medicaid and S-CHIP. Hawaii's S-CHIP is a Medicaid expansion program, as such, all Medicaid rules and procedures apply.

- B. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes.

When a child is no longer eligible for coverage through Medicaid or S-CHIP, the same eligibility determination staff determines eligibility for the other program, i.e., S-CHIP or Medicaid, respectively. This process involves the entry of identification codes and is invisible to the child or child's family.

- C. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain.

As S-CHIP is a Medicaid expansion program, the same delivery systems (including provider networks) are used; except for funding purposes, a distinction between Medicaid and S-CHIP is not made.

2.7 Cost Sharing:

- A. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found?

No we have not. (There are no premiums or enrollment fee provisions for S-CHIP.)

- B. Has your State undertaken any assessment of the effects of cost-sharing on utilization of health service under SCHIP? If so, what have you found?

See response to "A" above.

2.8 Assessment and Monitoring of Quality of Care:

- A. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results.

As stated in our 1999 S-CHIP Annual Report, Hawaii implemented S-CHIP on July 1, 2000. Since HEDIS reports require a sufficient population size, in the early years when membership is anticipated to be low, we determined that it is not appropriate for each health plan to prepare a separate HEDIS report on the S-CHIP population. However, we do anticipate separate HEDIS reports for S-CHIP and regular Medicaid children for contract year 2002. The S-CHIP FFS population represents a very small percentage,

approximately three per cent. The State will use the same procedure to monitor quality of care for this population as those used for children in the regular Medicaid FFS system. As the 2000 reporting period covered only the fourth quarter we expect to report the performance measures in the 2003 annual report.

Having said the above, an annual review of the health plans was completed recently and no significant problems were found related to quality of care. Compliance with EPSDT standards, behavioral health services, care coordination services, and authorization of services were reviewed. Additionally, quarterly complaints, grievances, and appeals were reviewed and no major deficiencies were found.

- B. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?

See response to “A” above.

- C. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?

See response to “A” above.

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2001 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter “NA” for not applicable.

- A. Eligibility N/A
- B. Outreach N/A
- C. Enrollment N/A
- D. Retention/disenrollment N/A
- E. Benefit structure N/A
- F. Cost-sharing N/A
- G. Delivery system N/A
- H. Coordination with other programs N/A
- I. Crowd-out N/A
- J. Other

SECTION 4: PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 Please complete Table 4.1 to provide your budget for FFY 2001, your current fiscal year budget, and FFY 2002-projected budget. Please describe in narrative any details of your planned use of funds.

Note: Federal Fiscal Year 2001 starts 10/1/00 and ends 9/30/01).

	Federal Fiscal Year 2001 costs	Federal Fiscal Year 2002	Federal Fiscal Year 2003
Benefit Costs			
Insurance payments			
Managed care			
per member/per month rate X # of eligibles	\$4,486,585	\$5,913,568	\$6,300,000
Fee for Service			
Total Benefit Costs			
(Offsetting beneficiary cost sharing payments)			
Net Benefit Costs	\$4,486,585	\$5,913,568	\$6,300,000
Administration Costs			
Personnel	\$4,416	\$16,000	\$16,000
General administration	\$630	\$3,000	\$4,000
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing			
Outreach/marketing costs			
Other			
Total Administration Costs	\$5,046	\$19,000	\$20,000
10% Administrative Cost Ceiling	\$449,163	\$593,257	\$632,000
Federal Share (multiplied by enhanced FMAP rate)	\$3,040,834	\$4,123,728	\$4,496,048
State Share	\$1,450,787	\$1,808,840	\$1,823,952
TOTAL PROGRAM COSTS	\$4,491,631	\$5,932,568	\$6,320,000

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2001.

N/A

4.3 What were the non-Federal sources of funds spent on your SCHIP program during FFY 2001?

- ☒ State appropriations
- ☐ County/local funds
- ☐ Employer contributions
- ☐ Foundation grants
- ☐ Private donations (such as United Way, sponsorship)
- ☐ Other (specify) _____

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures.

No.

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name	Hawaii QUEST or Medicaid Fee-For-Service	
Provides presumptive eligibility for children	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?	<input type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Provides retroactive eligibility	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, for whom and how long? For children who are blind or disabled; first day of third month prior to month of application.	<input type="checkbox"/> No <input type="checkbox"/> Yes, for whom and how long?
Makes eligibility determination	<input checked="" type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> State Medicaid eligibility staff <input type="checkbox"/> Contractor <input type="checkbox"/> Community-based organizations <input type="checkbox"/> Insurance agents <input type="checkbox"/> MCO staff <input type="checkbox"/> Other (specify) _____
Average length of stay on program	Specify months _____ 9.4 months	Specify months _____
Has joint application for Medicaid and SCHIP	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Has a mail-in application	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Can apply for program over phone	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Can apply for program over internet	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes (Joint pilot project with the Hawaii Covering Kids Project on the islands of Hawaii and Maui.)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Requires face-to-face interview during initial application	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months _____ What exemptions do you provide?	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months _____ What exemptions do you provide?

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Provides period of continuous coverage <u>regardless of income changes</u>	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period	<input type="checkbox"/> No <input type="checkbox"/> Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period
Imposes premiums or enrollment fees	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, how much? _____ Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> No <input type="checkbox"/> Yes, how much? _____ Who Can Pay? <input type="checkbox"/> Employer <input type="checkbox"/> Family <input type="checkbox"/> Absent parent <input type="checkbox"/> Private donations/sponsorship <input type="checkbox"/> Other (specify) _____
Imposes copayments or coinsurance	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
Provides preprinted redetermination process	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information precompleted and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed	<input type="checkbox"/> No <input type="checkbox"/> Yes, we send out form to family with their information and: <input type="checkbox"/> ask for a signed confirmation that information is still correct <input type="checkbox"/> do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

Verification of income is required.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

- 6.1 As of September 30, 2001, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group?**
If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

**Title XIX Child Poverty-related Groups or
Section 1931-whichever category is higher**

185% of FPL for children under age 1
133% of FPL for children aged 1 – 6
100% of FPL for children aged 6 – 19

Medicaid SCHIP Expansion

200% of FPL for children aged under age 19
____% of FPL for children aged _____
____% of FPL for children aged _____

Separate SCHIP Program

____% of FPL for children aged _____
____% of FPL for children aged _____
____% of FPL for children aged _____

- 6.2 As of September 30, 2001, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income?** *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA".*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination)

____ Yes X No
If yes, please report rules for applicants (initial enrollment).

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	Separate SCHIP Program
Earnings	\$ 90	\$ 90	\$
Self-employment expenses	\$ all (verified and applicable expenses)	\$ all (verified and applicable expenses)	\$
Alimony payments Received	\$	\$	\$
Paid	\$	\$	\$
Child support payments Received	\$	\$	\$
Paid	\$	\$	\$
Child care expenses	\$	\$	\$
Medical care expenses	\$	\$	\$
Gifts	\$ 30 per recipient per calendar quarter (for non-blind/disabled) \$ 20 per family per month (for blind/disabled children)	\$ 30 per recipient per calendar quarter (for non-blind/disabled) \$ 20 per family per month (for blind/disabled children)	\$
Other types of disregards/deductions (specify)	\$	\$	\$

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups

☒ No ☐ Yes, specify countable or allowable level of asset test _____

Medicaid SCHIP Expansion program

☒ No ☐ Yes, specify countable or allowable level of asset test _____

Separate SCHIP program

☐ No ☐ Yes, specify countable or allowable level of asset test _____

Other SCHIP program _____

☐ No ☐ Yes, specify countable or allowable level of asset test _____

6.4 Have any of the eligibility rules changed since September 30, 2001?

☐ Yes ☒ No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2002 (10/1/01 through 9/30/02)? Please comment on why the changes are planned.

- A. Family coverage
- B. Employer sponsored insurance buy-in
- C. 1115 waiver
- D. Eligibility including presumptive and continuous eligibility
- E. Outreach
- F. Enrollment/redetermination process
- G. Contracting
- H. Other

Hawaii's three-page Medical Application Form is used for Medicaid and S-CHIP. As shorter does not constitute better, we are currently working with the Hawaii Covering Kids Project and various community organizations to revise this form to make it more user-friendly.

In a joint effort with Hawaii Covering Kids, a new "Medical Assistance Renewal" form is being drafted. The renewal form will be pilot tested in the next few months.